



CAPTIVE INSURANCE SECTION

Bill Haslam
Governor

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
500 James Robertson Parkway
Nashville, Tennessee 37243
(615) 741-1633

Julie Mix McPeak
Insurance Commissioner

Application for Placement on Approved Captive Insurer Management Firm List

Name of Management Firm: *

Principal Contact First Name: *

Middle Name: *

Last Name: *

Suffix (Jr., Sr., ect.):

Address Line 1 (no PO Box): *

Address Line 2 (no PO Box):

Address Line 3 (no PO Box):

City: *

State: *

Postal Code: *

Country (other than USA/Canada):

Province (if Canada):

Primary Contact Phone: *

Primary Extension:

Secondary Contact Phone:

Secondary Extension:

Fax:

Email Address: *



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PRINCIPALS, KEY EMPLOYEES, AND RESPONSIBILITIES

1. Provide the following information for each principal or key employee

A. For each principal or key employee provide the following personal information: *

Principal Contact First Name: * Middle Name: * Last Name: * Suffix (Jr., Sr., ect.):

Address Line 1 (no PO Box): *

Address Line 2 (no PO Box):

Address Line 3 (no PO Box):

City: *

State: *

Postal Code: *

Country (other than USA/Canada):

Province (if Canada):

B. Does the principal or key employee have an insurance license or designation? * Yes No

State * Issue Date * Expiration Date Agency * Type * License No. / Designation *

C. List all Professional Societies and Associations this principal or key employee is a member of.

D. Describe the Captive Insurance experience of this principal or key employee.



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FIRM INFORMATION

2. Have any employees, principals, officers or key employees ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? *
- Yes No

Please explain each denial: *

3. During the past ten (10) years, has any employee, officer, principal or key employee of the firm ever been refused a professional license by any public or governmental agency or regulatory authority, or has any such license held by you or any employee been suspended or revoked? *
- Yes No

Please provide details: *

4. Has any employee, officer, principal or key employee of the firm ever been subject to any disciplinary proceedings of any professional association or federal, state or foreign regulatory agency? *
- Yes No

Please provide details: *

5. Has any employee, officer, principal or key employee of the firm ever been convicted of a felony? *
- Yes No

Please provide details: *

6. Has any employee, officer, principal or key employee of the firm been an employee, officer, principal or key employee of an insurance company or captive insurer in the United States or in a jurisdiction outside the United States that was determined to be insolvent by a federal, state or foreign regulator or supervising authority? *
- Yes No



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Employee First Name: * Employee Middle Name: Employee Last Name: * Name Suffix (Jr., Sr., ect.):

Company Name: *

Date of Determination: * State, Federal or Foreign jurisdiction determining insolvency: *

Please provide details: *

CAPTIVE MANAGEMENT EXPERIENCE

7. How many captive insurers are you currently providing management services for? *

Company Name: *

Address Line 1 (no PO Box): *

Address Line 2 (no PO Box):

Address Line 3 (no PO Box):

City: *

State: *

Postal Code: *

Country (other than USA/Canada):

Province (if Canada):

Description of Services: *



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8. Provide three (3) references within the insurance industry, including addresses and telephone numbers. *

A. Company Name: *

Contact First Name: * Contact Middle Name: Contact Last Name: Suffix (Jr., Sr., ect.):

Address Line 1 (no PO Box): *

Address Line 2 (no PO Box):

Address Line 3 (no PO Box):

City: *

State: *

Postal Code: *

Country (other than USA/Canada):

Province (if Canada):

Primary Contact Phone: *

Primary Extension:

Secondary Contact Phone:

Secondary Extension:

Fax:

Email Address: *



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B. Company Name: *

Contact First Name: *

Contact Middle Name:

Contact Last Name:

Suffix (Jr., Sr., ect.):

Address Line 1 (no PO Box): *

Address Line 2 (no PO Box):

Address Line 3 (no PO Box):

City: *

State: *

Postal Code: *

Country (other than USA/Canada):

Province (if Canada):

Primary Contact Phone: *

Primary Extension:

Secondary Contact Phone:

Secondary Extension:

Fax:

Email Address: *



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C. Company Name: *

Contact First Name: *

Contact Middle Name:

Contact Last Name:

Suffix (Jr., Sr., ect.):

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Address Line 2 (no PO Box):

Address Line 3 (no PO Box):

City: *

State: *

Postal Code: *

Country (other than USA/Canada):

Province (if Canada):

Primary Contact Phone: *

Primary Extension:

Secondary Contact Phone:

Secondary Extension:

Fax:

Email Address: *

9. **Provide the normal business hours of your firm: ***

SUMMARY

A. **Number of officers, principals and key employees:**

B. **Number of employees that have an insurance license or have insurance designations:**

C. **Number of captive insurers currently providing management service for:**



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CERTIFICATION

I hereby certify and declare, under penalties of perjury:

1. That I have been authorized by the applicant management firm herein to complete this "Application for Placement on Approved Captive Insurer Management Firm List" (Application) and to make this certification and declaration;
2. That the information provided in this Application and the documents attached hereto and included as part of the application have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. That I am aware that should investigation at any time disclose any such misrepresentation or false statement or information, my firm will be disqualified from further consideration for placement on the approved captive insurer management firm list;
4. That I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Tennessee Department of Commerce & Insurance any private or confidential information concerning the management firm that is applying for approval; and
5. That I release the Tennessee Department of Commerce & Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this application, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

By typing my name in the indicated fields, I am agreeing to conduct business electronically with the State of Tennessee in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 and Tennessee's Uniform Electronic Transactions Act (UETA), Tenn. Code Ann. §§ 47-10-101 to 47-10-123. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

Dated this Day of , 20

(Printed Name of Officer/Principal) *

(Signature of Officer/Principal) *